CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Received RECEIVED

MAR 0 3 2010

AMENDMENT

A Public Document

Please type or print in ink.				SISKIYOU COUNTY
NAME (LAST)	(FIRST)	(MIDDL	LE)	DAYTIME TELEPHONE NUMBER
Bennett	Grace	m		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	► Total number of pages
Siskiyon County Board of	including this cover page:
Division, Board, District, if applicable.	► Check applicable schedules or "No reportable
Supervisor Siskiyon County	interests."
Your Position:	I have disclosed interests on one or more of the attached schedules:
Supervisor	Schedule A-1 Yes – schedule attached
▶ If filing for multiple positions, list additional agency(ies)/	Investments (Less than 40% Cwnership)
position(s): (Attach a separate sheet if necessary.)	Schedule A-2 Yes - schedule attached
Agency:	Investments (10% or Greater Ownership)
700 300 1	Schedule B Yes - schedule attached
Position:	Real Property
	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts
2. Jurisdiction of Office (Check at least one box)	and Travel Payments)
☐ State	Schedule D Yes - schedule attached
Acounty of Siskingon	income – Gifts
City of	Schedule E Yes – schedule attached Income – Travel Payments
☐ Multi-County	9-8-9-0-1-1 (10-10-10-10-10-10-10-10-10-10-10-10-10-1
Other	-or-
To Tax of Statement of the state of the stat	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	
Assuming Office/Initial Date:/	5. Verification
Annual: The period covered is January 1, 2009,	I have used all reasonable diligence in preparing this
through December 31, 2009.	statement. I have reviewed this statement and to the best of
O The period covered is/, through	my knowledge the information contained herein and in any attached schedules is true and complete.
December 31, 2009.	Certify under penalty of perjury under the laws of the State
Check one)	of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed 3-2-10
oate of leaving office.	Date Signed
O The period covered is/, through the date of leaving office.	Signature
Candidate Election Year	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

RECEIVED

MAR 0 3 2010

AMENDMENT

(LAST)

Please type or print in ink.

NAME

A Public Document

(MIDDLE)

(FIRST)

SISKIYOU COUNTY CLERK'S OFFICE

DAYTIME TELEPHONE NUMBER

Bennett Grace	m
MAILING ADDRESS STREET CITY (Business Address Acceptable)	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
1.0%	
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	► Total number of pages
Planing Commission Lisison	including this cover page:
Division, Board, District, if applicable:	► Check applicable schedules or "No reportable
Siskiyou County Your Position:	interests." I have disclosed interests on one or more of the
	attached schedules:
Delegate	Schedule A-1 Yes – schedule attached
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)	Investments (Less than 10% Ownership)
position(s). (Attack a separate sheet if necessary.)	Schedule A-2 Yes - schedule attached
Agency:	Investments (10% or Greater Ownership)
	Schedule B Yes - schedule attached
Position:	Real Property
	Schedule C Yes – schedule attached
2. Jurisdiction of Office (Check at least one box	Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
☐ State	Schedule D
Scounty of Siskingon	Income - Gifts
☐ City of	_ Schedule E
Multi-County	Income - Travel Payments
Other	-or-
	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	The reportable finerests on any schedule
Assuming Office/Initial Date:	
	5. Verification
Annual: The period covered is January 1, 2009, through December 31, 2009.	I have used all reasonable diligence in preparing this
-or-	statement. I have reviewed this statement and to the best of
O The period covered is through	my knowledge the information contained herein and in any attached schedules is true and complete.
December 31, 2009.	i certify under penalty of perjury under the laws of the State
Check one)	of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed 3-2-10
-or-	(month day year)
O The penod covered is/ through the date of leaving office.	Signature
Candidate Election Year	

CALIFORNIA FORM 7010

FAIR POLITICAL PRACTICES COMMISSION

MAR 0 8 2010

OF ECONOMIC INTERESTS

(MIDDLE)

ZIP CODE

ublic Document

REGENTED Official Use Only MAR 0 2 2010

SISKIYOU COUNTY CLERK'S OFFICE

DAYTIME TELEPHONE NUMBER

OPTIONAL E-MAIL ADDR

Please type or print in ink

(Check one)

Candidate

date of leaving office

the date of leaving office

(LAST) (FIRST) NAME MAILING ADDRESS (Business Address Acceptable) 1. Office, Agency, or Court Name of Office, Agency, or Court: Sisking on County Board
Division Board District, if applicable: Siskiyou C Your Position: Supervisor ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: __ Position: ___ 2. Jurisdiction of Office (Check at least one box) [] State County of _____ City of __ Multi-County _____ Other _ 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: J_____ Annual. The period covered is January 1, 2009. through December 31, 2009. -or-O The period covered is ____/___ through December 31, 2009. Leaving Office Date Left ____/____

O The period covered is January 1, 2009, through the

O The period covered is ____/____ through

Election Year ___

Scriedule	Summary
Total number ncluding this	of pages cover page:
Check applica interests."	ble schedules or "No reportable
I have disclose attached schee	ed interests on one or more of the dules:
Schedule A-1 Investments (Les	Yes – schedule attached stan 10% Ownership)
Schedule A-2	Yes – schedule attached or Greater Ownership)
Schedule B Real Property	Yes – schedule attached
Schedule C Income, Loans, and Travel Payment	Yes – schedule attached Business Positions (Income Other than Gifts
Schedule D Income – Gifts	Yes – schedule attached
Schedule E Income - Gifts -	Yes – schedule attached Travel Payments
	-or-
No reportab	le interests on any schedule

I have used all reasonable diligence in preparing this

statement. I have reviewed this statement and to the best

of my knowledge the information contained herein and in any

I certify under penalty of perjury under the laws of the State

de the anginally signed statement with you

of California that the foregoing is true and correct.

attached schedules is true and complete

Date Signed 3-1-10

Signature ...

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSIONS

MAR 0 8 2010

G STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

MAR 0 4 2010

SISKIYOU COUNTY CLERK'S OFFICE

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDL	E)	DAYTIME TELEPHONE NUMBER
Bennett	Grace	M		
MAILING ADDRESS STREET (Business Address Acceptable)		STATE	ZIP CODE	OPTIONAL E-MAIL ADDRESS

Denvell Grace
MAILING ADDRESS STREET CITY (Business Address Acceptable)
<u> </u>
1. Office, Agency, or Court
Name of Office, Agency, or Court:
Planning Commission Laison
Division, Board, District, if applicable
Siskiyan County
Delegate
If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)
Agency:
ngency.
Position:
2. Jurisdiction of Office (Check at least one box)
State
County of
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:
Annual The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is, through December 31, 2009.
Leaving Office Date Left
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/ through the date of leaving office.
Candidate Election Year

. Schedule	Summary
Total number including this	of pages cover page:
Check applica interests."	ble schedules or "No reportable
I have disclose attached sched	ed interests on one or more of the dules.
Schedule A-1 Investments (Les	Yes – schedule attached s than 10% Ownership)
Schedule A-2 Investments (109	Yes – schedule attached 6 or Greater Ownersnip)
Schedule B Real Property	Yes – schedule attached
Schedule C Income, Loans, and Travel Payment	Yes – schedule attached Business Positions (income Other than Gifts
Schedule D Income - Gifts	Yes – schedule attached
Schedule E Income - Gifts -	Yes – schedule attached Travel Payments
	-or-
No reportab	le interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed	3-1-10
Date Signed	(month, day, year)
Signature	
if de This	orginally signed statement with your filing oricial.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
	•

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 S 10,001 - \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100.001 - \$1,000.000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	S2.000 - \$10.000 S10.001 - \$100.000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Slock Other	Stock Other
(Describe) Partnership () Income of \$0 - \$500	(Describe)
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE	IF APPLICABLE, LIST DATE
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
22-75-12-75-20-70-70-70-70-70-70-70-70-70-70-70-70-70	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,000 \$100,000 \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1 000,000 Over \$1 000,000
S 100 001 - \$1 000,000 Over \$1 000,000	S100,001 - \$1 000,000 Over \$1 000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Cestite Cestite	Stock [] Other
Partnership Dilecome of \$0 - \$500	Partnership @income of \$0 - \$500
○ Income Received of \$500 or More (Price on Street)	() Income Received of \$500 or More. Proof of Schedule ()
IF APPLICABLE LIST DATE	IF APPLICABLE LIST DATE
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Hair Roans	
Name) / / /	Name
117 Montague Kd. Vieka Ca	
Address (Business Address Adceptable)	Address (Business Address Acceptable)
Check one [] Trust, go to 2 [Business Entity, complete the box, then go to 2]	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE LIST DATE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$10,001 - \$1,000,000 09 09 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Propnetorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST	SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
\$500 - \$1000 OVER \$100,000	\$0 \cdot \$499 \qquad \squad \s
S1.001 - \$10.000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if recessary)	⇒ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
Income from hairstyling	
Bervices rendered by me	
Grace Bennett	
 ◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST 	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box	Check one box.
NVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or	Name of Business Entity of
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcet Number of Real Property
Description of Business Activity of	Description of Business Activity of
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE LIST DATE	FAIR MARKET VALUE IF APPLICABLE LIST DATE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	510 001 - \$100,000
\$100 C01 - \$1 000 000 ACQUIRED DISPOSED Over \$1 000 000	S100.001 - \$1,000,000 ACQUIRED DISPUSED Over \$1,000.000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership-Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Ciber	[] I easenold Other
[_] Check box if noditional schedules reporting investments or real property are ultrached	[1] Check box if additional schedules reporting investments or real property are ultrached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION)
Name	
	_

STREET ADDRESS OR PRECISE LOCATION	
	► STREET ADDRESS OR PRECISE LOCATION
101 S. Fairchild St.	production of the second of th
Vieku Ca	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE
\$2,000 - \$10,000	S2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000	3100,001 - 31,000,000
Over \$1 000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs remaining Other	Yrs remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
You are not required to report loans from commercial leads of business on terms available to members of the public and loans received not in a lender's regular course of	ic without regard to your official status. Personal loans
of business on terms available to members of the publ	ic without regard to your official status. Personal loans
of business on terms available to members of the publ and loans received not in a lender's regular course of	ic without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the publ and loans received not in a lender's regular course of	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the publ and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the publ and loans received not in a lender's regular course of NAME OF LENDER' ADDRESS (Business Address Acceptable)	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the publ and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the publ and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY. OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the publ and loans received not in a lender's regular course of NAME OF LENDER' ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months: Years)	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the publ and loans received not in a lender's regular course of NAME OF LENDER' ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY. OF LENDER INTEREST RATE TERM (Months/Years) % [] None HIGHEST BALANCE SURING REPORTING PERIOD
of business on terms available to members of the publ and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months, Years)	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)